

**Psychiatric Hospital
Provider Type 02
907 KAR 1:016**

Information about the program:

- Provider cannot be an individual.
- Out-of-state providers may not routinely enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- DMS will not assign a provider number to in-state facilities unless an OIG survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.
- Admissions require Peer Review Organization (PRO) authorization.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- JCAHO Accreditation letter
- License
- Medicare Number
- CLIA (if applicable)
- W-9
- NPI and Taxonomy Verification

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602